BEST AVAILABLE COPY

								Application or Docket Number					
	PATENT A	RD			1.	_							
Effective October 1, 2000									.E)9	16	1797	67	
CLAIMS AS FILED - PART I							SMAL	LEI	YTITY	1	OTHER	THAN	
T	TAL CLAIMO		(Column 1)		(Colu	(Column 2)		TYPE D		OR	SMALL	ENTITY	
TOTAL CLAIMS								Έ	FEE]	RATE	FEE	
FOR			NUMBER I	FILED	NUMB	BER EXTRA	BASIC	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		*		X\$ 9	} =		OR	X\$18=		
INDEPENDENT CLAIMS			/ minus 3 =				X40	X40=		OR	X80=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+13!	—— 5=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	TOT			OR	TOTAL	7/0	
CLAIMS AS AMENDED - PART II							• -			J C	OTHER		
_		(Column 1)		(Columi		(Column 3)	(Column 3) SMAL		ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
AME	Independent	*	Minus	***		=	X40)=		OR	X80=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	JLTIPLE DEPENDENT CLA			+135			1	. 070		
								D= TAL		OR	+270= TOTAL		
				ADDIT. FEE OR ADDIT. FEE									
_	(Column 1) (Column 2) CLAIMS HIGHEST				(Column 3)				. ,				
NDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=		
AMEN	Independent	*	Minus	***		=	X40	_		OR	X80=		
	FIRST PRESENTATION OF MU		ILTIPLE DEPENDENT		CLAIM			\dashv					
							+135			OR	+270=		
							TO ADDIT. I	TAL FEE		OR ,	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	•	Minus	***		=	X40:			l	X80=		
【	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						A40	_		OR	700=		
								=		OR	+270=		
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 										OR	TOTAL ADDIT. FEE		
		mber Previously Pa ber Previously Pai							propriate box				